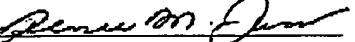




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Renee M. Franks Typed/Printed Name  Signature February 2, 2006 Date	
APPLICATION NO. 09/960,030 FILING DATE 09/20/2001 FIRST NAMED INVENTOR William B. Boyle ART UNIT 2616 CONFIRMATION NO. 4046 EXAMINER Robert Chevalier ATTORNEY DOCKET NO. K35A0978	
TITLE	COMMUNICATING PROGRAM IDENTIFIERS FROM A DIGITAL VIDEO RECORDER (DVR) TO A SET TOP BOX (STB) INDEPENDENT OF WHEN THE STB DEMODULATES THE ASSOCIATED PROGRAM DATA

ATTACHED WITH THIS SUBMISSION:

1. Transmittal Form (1 page)
2. Fee Transmittal Form (1 page)
3. Information Disclosure Statement / Form PTO/SB/08 (2 pages), including copy of reference (7 pages)

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION. IF THERE IS ANY PROBLEM WITH THIS TRANSMISSION, PLEASE CALL RENEE M. FRANKS AT (949) 672-7871.

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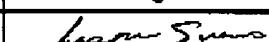
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/960,030
Filing Date	09/20/2001
First Named Inventor	William B. Boyle
Art Unit	2616
Examiner Name	Robert Chevalier
Attorney Docket Number	K35A0978

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of reference (7 pages)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Western Digital		
Signature			
Printed name	Jason T. Evans, Esq.		
Date	February 2, 2006	Reg. No.	57,862

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Signature			
Typed or printed name	Renee M. Franks	Date	February 2, 2006

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **180****Complete if Known**

Application Number	09/960,030
Filing Date	09/20/2001
First Named Inventor	William B. Boyle
Examiner Name	Robert Chevalier
Art Unit	2616
Attorney Docket No.	K35A0978

METHOD OF PAYMENT (check all that apply)

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100
 Multiple dependent claims 360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP =	x <u>50</u>	= _____			
HP = highest number of total claims paid for, if greater than 20					

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x <u>200</u>	= _____			
HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

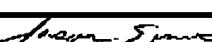
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of Information Disclosure Statement (Fee Code 1806)

180

SUBMITTED BY		Registration No.	Telephone
Signature		(Attorney/Agent) <u>57,862</u>	(949) 672-9474
Name (Print/Type)	<u>Jason T. Evans, Esq.</u>	Date	<u>February 2, 2006</u>

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of

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Complete if Known

Application Number	09/960,030
Filing Date	09/20/2001
First Named Inventor	William B. Boyle
Art Unit	2616
Examiner Name	Robert Chevalier

Attorney Docket Number K35A0978

U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No.*	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code* (if known)			
1	US- 6,298,400		10-02-2001	Candelore	
2	US- 5,648,824		07-15-1997	Dunn et al	
3	US- 6,137,539		10-24-2000	Lownes et al	
4	US- 5,699,107		12-16-1997	Lawler et al	
5	US- 5,760,821		06-02-1998	Ellis et al	
6	US- 6,016,141		01-18-2000	Knudson et al	
7	US- 6,289,169		09-11-2001	Okuyama	
8	US- 6,003,041		12-14-1999	Wugofski	
9	US- 6,002,394		12-14-1999	Schein et al	
10	US- 5,963,264		10-05-1999	Jackson	
11	US- 6,430,359 B1		08-06-2002	Yuen et al	
	US-				

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No.*	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T*
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Examiner Signature	Date Considered
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Application Number 00/000 000

Application Number 09/960,030

Filing Date 09/20/2001

First Named Inventor William B. Boyle

Art Unit 2616

Examiner Name Robert Chevallier

Sheet 2 of 2 Attorney Docket Number K35A0978

NON-PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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